FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Tigitori, D.C. 20049	OMB APPRO

	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-02		
On the ment of on a topo in better for the own textoring	Estimated average burden			

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL							
OMB Number: 3235-0287							
Estimated average burden							
hours per response:	0.5						

Name and Address of Reporting Person*  Prevost Patrick M.					2. Issuer Name and Ticker or Trading Symbol CABOT CORP [ CBT ]									(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
1100030	1 autick i	<u>v1.</u>												X	Director			10% Ov	ner	
(Last)	(F	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year)							X	Officer (below)	give title		Other (s below)	pecify			
C/O CABOT CORPORATION					06/30/2014								President and CEO							
TWO SEAPORT LANE					4. If Amendment, Date of Original Filed (Month/Day/Year)							6 Inc	6. Individual or Joint/Group Filing (Check Applicable							
(Street)					4. II Amendment, Date of Original Filed (Month/Day/Year)								Line)							
BOSTON	N M	ΙA	02210											X	Form file	ed by One	Repor	ting Person		
,					Form filed by More than C								One Report	ing						
(City)	(S	tate)	(Zip)											Person	Person					
		Ta	able I - Non	-Deriva	tive S	ecuritie	s Ac	qui	ired, [	Disp	osed o	of, or	Ben	eficially	Owned					
Date				2. Transac Date (Month/Da	Execution Date		Date	e, Transaction Dis Code (Instr.		4. Securi Dispose	Securities Acquired (A) posed Of (D) (Instr. 3, 4		d (A) or r. 3, 4 and 5)	) or 4 and 5) Beneficia Owned F- Reported		Form:	Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							-	Code	v	Amount		(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				(11150.4)		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
					13, 04		_									l	. 1			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year	Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)				7. Title and Amo Securities Under Derivative Secur (Instr. 3 and 4)		Jnderlying Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction	e es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
				Code	v	(A)			te ercisable		xpiration ate	Title	- [1	Amount or Number of Shares		(Instr. 4)				
Phantom Stock Units	(1)	06/30/2014		A		430.7108			(2)		(2)	Comi		430.7108	\$57.99	34,369.	0388	D		

## **Explanation of Responses:**

- 1. 1 for 1
- 2. The reported phantom stock units were acquired under the Corporation's supplemental 401(k) plan and are to be settled upon the reporting person's retirement or other termination of service.

## Remarks:

By: Karen Abrams, pursuant to a power of attorney from Patrick 07/02/2014 M. Prevost

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- \* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.